Military Health System Transformation

Outline

- Military Health System (MHS) Transformation
  - RADM John Mateczun
- Transformation Focus Areas and Initiatives
  - CAPT Mike Mittelman
- Medical Readiness Review
  - CAPT Toni Whitmeyer
- Base Realignment and Closure
  - CAPT Steve Tela

What is MHS Transformation?

MHS Transformation

A process that shapes the MHS capabilities, processes, people and organizations to provide the Joint Force with best-in-the world warfighter support and high-quality health care for beneficiaries, while achieving management and system efficiency

What is the MHS Office of Transformation (MHS-OT)?

- Project Office, chartered by the Deputy Secretary of Defense, to “accelerate and enhance the quality of organizational change” in the MHS
- Jointly staffed office
- Under authority of USD (Personnel and Readiness)
  - Delegation to the ASD (Health Affairs)
- Work and recommendations reviewed for approval by the MHS Executive Review Committee (MHSER)
- Within the existing governance and organizational structure
- Sunset date – 30 Sep 07

What is the MHS-OT? (Cont.)

- Catalyst leveraging
  - Medical Readiness Review (MRR)
  - Local Authorities Working Group (LAWG) study
  - Base Realignment and Closure (BRAC) law
  - Joint/Unified Medical Command Working Group
- “Architect” providing seamless integration across organizations and functional competencies

MHS Transformation
Four Focus Areas

- **Transform the Force:** Transform medical force so future medical support –
  - Is fully aligned with Joint Force concepts and provides optimum interoperability and interdependency in support of the Joint Force
  - More rapidly responds to the needs of the changing national security environment
- **Transform the Infrastructure:** Transform MHS infrastructure management to –
  - Reduce excess capacity and support jointly-operated facilities in multi-Service markets
  - Support the effective and efficient delivery of health care
- **Transform the Business:** Transform the business operating model to –
  - A fully customer-focused and performance-based organization, with –
  - Effective processes to anticipate and respond to the changing nature of health care

Transform the Force

1. Medical Readiness Review
   - Build a medical force of the right size and with the right mix of skills for the future warfighting mission
2. Interoperability and Interdependency of Operational Medicine Capabilities
   - Ensure capabilities are “born joint”
3. Homeland Defense and Medical Civil-Military Operations
   - Define MHS role in these areas
4. Healthy, Enhanced, and Protected Force
   - Develop Joint standards for health and protection

Transform the Force (Cont.)

5. Joint Medical Education and Training Focused on Performance-Based Management
   - Develop common curriculum for joint medical education and training
6. Shaping the Future Joint Medical Force
   - Use enhanced bonuses to attract previously-trained medical personnel
   - Enhance medical force management, recruiting and retention
7. Integrate Graduate Medical Education
   - Develop Joint management of Service Graduate Medical Education and health professions education

Transform the Infrastructure

8. Transform the Infrastructure
   - Develop standardized method and performance metrics for facility condition
   - Modify existing policies to streamline MILCON planning, approval, design, and construction
   - Submit 2007 Legislation to allow for more efficient design and construction processes

Transform the Business

9. Process Improvement
   - Implement a standard process improvement method
10. Performance-Based Planning
   - Implement standard metrics, goals and business plans
11. Performance-Based Financing
   - Develop a DoD/OMB Model for health care costs and create a Reserve Fund for health care
   - Create an Innovation Investment process and Fund
12. Eliminate Utilization Barriers
   - Maintain clinical proficiency by placing medical essential personnel in other government agencies and private sector care settings

Transform the Business (Cont.)

13. Management of Jointly-Operated Military Treatment Facilities
    - Standardize governance structures and business rules
14. IM/IT Alignment
    - Align IM/IT support with transformed business processes
15. Contracting for Health Care Services
    - Contract out medical and ancillary services on selected military installations
16. Contracting for Professional Services
    - Develop Tri-Service contracts for medical professionals
17. Effective Patient Partnerships
    - Engage the beneficiary in the management of their health care

Medical Readiness Review

- Background
  - Established in August 2004
  - Joint determination of DoD needs and requirements to guide analysis
  - Review medical capabilities, resource requirements and organizational issues.
  - Provide recommendations into POM-08
- Organization
  - Steering Group (Co-Chaired by USD(P&R) and USD(PA&E)
    - Members: Services, Joint Staff, JFCOM, Comptroller, and OMB
  - Working Group (Coordinates and oversees Subgroups)
    - Membership reflects Steering Group composition at O-6 level
  - Subgroups (4)
    - Capabilities, Metrics, Casualty Estimation, and Resources

Major Emphasis on Increasing Mil-to-Civ Conversions

MRR
Force Structure Sizing Recommendations
OCONUS and ICONUS

OCONUS/ICONUS Active Endstrength

Service	Current Program (FY11)	OSD PA&E Alternative Requirement	Service Alternative Requirement	PA&E Delta	Service Delta
Army	2,966	0	2,966	-2,966	0
Navy	***3,498****	***0***	***3,498***	***-3,498***	***0***
Air Force	5,435	0	3,483	-5,435	-1,952
Total	**11,899**	**0**	**9,947**	**-11,899**	**-1,952**

* • Excludes 544 billets required for Theater Bed Requirements

• With Training and TPPH, total billets under consideration = 4,026

Navy Force Health Protection (FHP) Construct for I/OCONUS

- Navy considers following factors for Military Essentiality:
  - Military Unique Knowledge
  - Military Leadership Skills
  - Judicial Responsibilities
  - Accomplishment of Military Mission (Force Health Protection Pillars)
    - Readily accessible for local/forward surge operations
  - Status of Forces Agreements
  - Local Contingency Missions
  - Consequence Management
  - Career Progression

Navy BRAC Organization

- Navy utilized IPT Approach to BRAC
  - Led by CNI and Echelon II commands (Co-Chair)
    - Governing IPTs will be focused around the affected mission/function
    - Sub IPTs chaired by Installation Commander
      - "Integrator"
      - Coordinate Requirements of Affected Units
      - Coordinate Execution of Realignments/Closures
- BUMED
  - Co-Chair 7 Recommendations
    - 6 are Joint Medical Recommendations
    - Incorporated multi-service representation from receiving installations
  - Echelon II Stakeholder for 10 Recommendations
    - Tenant activity on closing/realigning installation

BUMED
Co-Chair Navy IPTs

- Joint Service Recommendations
  - *Medical Command Headquarters Collocation*
    - Navy/BUMED Lead for Business Plan Development
      - Joint Service “IPT” working final site location recommendation
  - *Walter Reed National Military Medical Center*
    - Navy/BUMED Lead for Business Plan Development of Bethesda activities (Army has Ft. Belvoir and other sites)
    - Navy Co-Chair (with CNI) for facilities construction & execution
    - MSMO is the “Integrator”
    - Navy Medicine research activities realigning out of NCA to Ft. Detrick & Ft. Sam Houston

BUMED
Co-Chair Navy IPTs

- Joint Service Recommendations
  - *Joint Centers of Excellence for Chemical, Biological and Medical Research Development & Acquisition*
    - Army has DoD-assigned lead
    - Navy activities relocating to Ft. Detrick, Ft. Sam Houston, Wright Patterson AFB
    - Navy IPT has included facility planners at receiving installation (Army & Air Force)
  - *Close Brooks City Base (Navy mission only)*
    - Air Force has DoD-assigned lead
    - NHRC detachment realigning to Ft. Sam Houston
    - Navy IPT has included facility planners at receiving installation (Army)

BUMED
Co-Chair Navy IPTs

- Joint Service Recommendations
  - *San Antonio Regional Medical Center*
    - Air Force now has Lead on Business Plan development
    - Joint Medical Enlisted Training to Ft. Sam Houston
    - Navy IPT has included facility planners at receiving installation (Army)
  - *Disestablish Inpatient Missions*
    - NH Great Lakes and NH Cherry Point
    - No IPT required but coordination with USMC at Cherry Point and Veteran's Administration at Great Lakes were key

BUMED MTFs
Closing or Realigning

- Realign MCLB Barstow (Clinic disestablished)
- Close NAVSTA Ingleside, TX
- Close NAVSTA Pascagoula MS
- Close NAS Atlanta, GA
- Close NAVSUPCORPSSCHOOL Athens, GA
- Close NAS Brunswick, ME
- Close NSA New Orleans/*Realign* NAS Belle Chase, LA
- Close NAS Willow Grove, PA
- Close NAS Oceana, VA*
- Close FISC Broadway Complex, San Diego, CA

* TBD – March 2006

BRAC Areas of Concern

- Scope/costs exceed BRAC resources
  - WRNMMC
  - San Antonio Regional Med Ctr. (DMETC)
  - Medical Command HQ Collocation
- OSD Changed funding stream (Dec ’05)
  - Losing Service plans and budgets costs associated with relocations, eliminations, and MILCON at receiving site
    - “fair share” of MILCON for joint projects
      - *Ex: Navy pays for its portion of DMETC at Ft. Sam Houston*
  - Receiving Service plans and budgets environmental costs, and constructs MILCON to requirements within funding line from losing service.

BRAC Areas of Concern

- C2, governance and integration issues at Joint sites
  - WRNMMC
  - San Antonio Regional Med Ctr. (DMETC)
  - Medical Command HQ Collocation
- Large, highly complex actions involving multiple services, inbound units and missions
- Tight planning timeline
  - All BRAC actions must be complete by 15 Sep 2011
  - Environmental issues potentially could delay construction.
    - Bethesda/Ft. Belvoir (NCA)
    - Ft. Sam Houston